

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

10/572089

FILING DATE

APPLICANT(S)

31616

**CLAIMS**

	AS FILED		AFTER BY AMENDMENT		AFTER BY AMENDMENT			AS FILED		AFTER BY AMENDMENT		AFTER BY AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1				51						
2							52						
3		1		1			53						
4		1		1			54						
5		1		1			55						
6		1		1			56						
7							57						
8							58						
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39							89						
40							90						
41							91						
42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.	1	↓	1	↓		↓	TOTAL IND.	↓		↓		↓	
TOTAL DEP.	5	←	5	←		←	TOTAL DEP.	←		←		←	
TOTAL CLAIMS	6		6				TOTAL CLAIMS						

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